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### **Increased systemic inflammation and oxidative stress in patients with worsening congestive heart failure: improvement after short-term inotropic support.**

**White M, Ducharme A, Ibrahim R, Whittom L, Lavoia J, Guertin MC, Racine N, He Y, Yao G, Rouleau JL, Schiffrin EL, Touyz RM.**

In the present study we evaluated circulating proinflammatory mediators and markers of oxidative stress in patients with decompensated congestive heart failure (CHF) and assessed whether clinical recompensation by short-term inotropic therapy influences these parameters. Patients with worsening CHF (n=29, aged 61.9 $\pm$ 2.7 years), NYHA class III-IV, and left ventricular ejection fraction=23.7 $\pm$ 1.8%, were studied. Controls comprised age-matched healthy volunteers (n=15, 54.1 $\pm$ 3.2 years). Plasma levels of cytokines (IL-6, IL-18), chemokines (MCP-1), adhesion molecules (soluble ICAM (sICAM), soluble E-selectin (sE-selectin)), systemic markers of oxidation (thiobarbituric acid-reactive substances (TBARS), 8-epi-prostaglandin F 2alpha, nitrotyrosine) and highly-sensitivity C-reactive protein (hs-CRP) were measured by ELISA and colorimetric assays at admission and 30 days following 72-hours milrinone (n=15) or dobutamine (n=14) infusion. Plasma IL-6, IL-18, sICAM, E-selectin, CRP and oxidative markers were significantly higher in patients on admission before inotropic treatment versus controls (P<0.05). Short-term inotropic support improved clinical status as assessed by NYHA classification and by the 6-minute walk test and significantly decreased plasma levels of IL-6, IL-18, sICAM, CRP and markers of oxidation (p<0.05) at 30 days. Milrinone and dobutamine effects were similar. Our results demonstrate that patients with decompensated CHF have marked systemic inflammation and increased production of oxygen free radicals. Short-term inotropic support improves functional status and reduces indices of inflammation and oxidative stress in patients with decompensated CHF.

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